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USE OF TIME-STAMPED HOSPITAL DATA TO EXAMINE CARE PATTERNS OF ACUTE CORONARY SYNDROME PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION

Wang C[1], He J[1], McCollam PL[2], Bae JP[2], Griffin BT[1]
[1]Solucient, Inc, Berkeley Heights, NJ, USA; [2]Eli Lilly and Company, Indianapolis, IN, USA

OBJECTIVES: Quality improvement initiatives in acute coronary syndrome (ACS) such as CRUSADE have found marked increase in treatment guideline adherence during the past several years. This descriptive study used time-stamped data to examine pharmacologic treatment and laboratory biomarker utilization patterns in ACS patients who underwent percutaneous coronary intervention (PCI). **METHODS:** The data source consisted of 19 hospitals throughout the U.S. that used time-stamp data from January 2003–September 2004. ACS was identified in the dataset using ICD-9 diagnosis codes for unstable angina and/or myocardial infarction (MI). The time-stamp allowed more precise measurement of drug administration and biomarker sampling. Biomarker definition of MI was CK-MB >3 times upper limit of normal, troponin I and myoglobin >1 times upper limit of normal. **RESULTS:** A total of 6,282 ACS patients who had been given clopidogrel were identified with adequate time-stamp information. The most common recorded comorbid diagnoses were ischemic heart disease 91.2%, hypertension 54.4%, lipid disorder 57.9%, and diabetes 21.7%. Aspirin (ASA) plus clopidogrel was received by 75.9% of patients and initiated on the day of PCI in 88.3% of patients. The majority of initial ASA plus clopidogrel administration was minus (–) 10 to plus (+) 14 hours from PCI. GPIIb/IIIa inhibitors were received by 68.6% and statins by 73% of patients, respectively during hospitalization. Post-procedure (>8 hours after PCI) biomarker monitoring (CK-MB, troponin I or myoglobin) was performed in 67.9% of patients. The majority of testing was CK-MB or troponin I. Results suggestive of MI were found in up to 67% of patients. **CONCLUSIONS:** This novel examination of ACS treatment using time-stamped data found ASA, clopidogrel; GPIIb/IIIa inhibitors and statins were often used in this cohort. A wide range of initial administration time for ASA plus clopidogrel around PCI was found. Post-procedure biomarker monitoring occurred frequently and was often positive.

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THIENOPYRIDINE THERAPY IN ACUTE CORONARY SYNDROME PATIENTS RESIDING IN GERMANY

Lage MJ[1], McCollam PL[2], Bae JP[2]
[1]HealthMetrics Outcomes Research, LLC, Groton, CT, USA; [2]Eli Lilly and Company, Indianapolis, IN, USA

OBJECTIVES: The European Society of Cardiology consensus treatment guidelines in 2002 support use of clopidogrel in many ACS patients for secondary prevention of cardiac events. This study is to examine clopidogrel patterns of use in acute coronary syndrome (ACS) patients in Germany. **METHODS:** The data source was the IMS Health, Disease Analyzer Mediplus-German database, containing approximately 4.2 million de-identified patient records from approximately 1000 participating practices. The analysis period was January 1, 2001-September 1, 2004. The index ACS event was identified using ICD-10 codes for unstable angina or acute myocardial infarction. Patients were included if they had ≥3 months of data before and 6 months after an index ACS event and ≥1 prescription for clopidogrel after the event. **RESULTS:** Of the 28,688 patients included in the ACS cohort, 748 had at least one clopidogrel prescription (2.6%) and met inclusion criteria. Mean age was 67.5 years; 68% were male. The mean number of recorded comorbidities was 7.4. High cholesterol, hypertension, angina, ischemic heart disease, and diabetes were most common. The recorded mean length of clopidogrel therapy was 41 days. 74% of patients stopped therapy, defined as not on clopidogrel 28-days prior to end of follow-up. A gap in therapy, defined as late refills >14 days apart, was seen in 89%. Concomitant cardiovascular drug therapies included: calcium channel blocker (20.3%), beta-blocker (69.1%) and statin (64.7%). **CONCLUSION:** This descriptive study suggests clopidogrel is underutilized in ACS patients and long-term adherence to therapy was poor as demonstrated by stoppages or gaps in therapy.

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THE EFFECT OF GENDER ON HEALTH-RELATED QUALITY OF LIFE AFTER CORONARY STENT IMPLANTATION

Brüggenjürgen B[1], Mcbride D[2], Willich SN[1]
[1]Charité—Universitätsmedizin Berlin, Institut für Sozialmedizin, Epidemiologie und Gesundheitsökonomie, Berlin, Germany; [2]Universitätsmedizin Berlin, Charité, Berlin, Germany

OBJECTIVE: The need for treatment of cardiac disease in women can go unrecognised and access to appropriate health care can be limited. We evaluated the effect of gender on changes in long-term health-related quality of life (HRQoL) after coronary stent implantation (CSI) in conventional treatment of coronary artery disease (CAD). **METHOD:** In this prospective comparative multi-centre cohort study in Germany, patients with CAD undergoing coronary angioplasty were electively treated with stents. Standardised questionnaires were completed by patients at baseline, 3, 6, 12, and 18 months following angioplasty and documented patient health-related (SF-36) and disease-specific (MacNew heart disease questionnaire) quality of life, as well as clinical outcomes. **RESULTS:** From April until August 2004, 103 women (16%, mean age 66, b11) und 546 men (mean age 64, b10) were treated with CSI. There were no significant differences in socio-demographic factors, cardiovascular risk factors and severity of CAD. At baseline, all aspects of HRQoL evaluated by SF-36 and MacNew were significantly poorer in women than in men ($p = 0.004$). Three months following stent implantation, the difference in improvement in the SF-36 aspects of general health ($p = 0.005$), role emotional ($p = 0.034$) and the mental summary score ($p = 0.027$) was significantly greater in women than in men, although their actual HRQoL remained significantly lower in most aspects. After 6 months, the difference in improvement in women was significantly greater to baseline in the aspect of role emotional than men ($p = 0.019$). Gender differences in improvement were not demonstrated in the follow-up MacNew questionnaires. **CONCLUSIONS:** In comparison to men, baseline HRQoL in women may be lower before receiving CSI treatment. However, three and six months following implantation of a coronary stent, the difference in improvement in many aspects of HRQoL was greater in women than in men. Women may have a wider range of potential improvement after coronary stent implantation than men.

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HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH CORONARY HEART DISEASE: A STUDY USING EQ-5D QUESTIONNAIRE

De Portu S[1], Monzini M[2], Galietti M[3], Mantovani LG[2]
[1]University of Naples, Naples, Italy; [2]Center of Pharmacoeconomics, Milan, Italy; [3]University of Milan, Milan, Italy

OBJECTIVES: Coronary heart disease (CHD) is nowadays the most frequent cause of mortality and morbidity in industrialized countries. In Europe it accounts for around two million deaths